



GSFC LEAVE SHARE PROGRAM (Donors)

EMPLOYEE INFORMATION

EMPLOYEE/DONOR NAME:

DATE:

SSN:

WORK PHONE:

TITLE/GRADE/CODE:

LIMITATIONS ON AMOUNT OF DONATED LEAVE: Only accrued annual leave may be donated during the leave year; leave may not be donated to a leave donor's immediate supervisor; a minimum of 4 hours must be donated; in any one year, a total of ½ of the amount of annual leave that will accrue during the leave year may be donated; if donating Use or Lose leave, only the number of hours the leave donor is scheduled to work (as of the date of transfer) in the rest of the leave year may be donated; leave may be donated to a specific recipient at any NASA installation or at most other Federal agencies (via OPM Form 630-B).

I understand that I may voluntarily transfer annual leave to the account of the employee listed below. I also understand that I MAY NOT transfer leave to my supervisor and that I MAY NOT donate more than ½ of the amount of annual leave I will earn during this current leave year. I, therefore, request the transfer of the number of hours of annual leave (indicated below) to the employee indicated below.

TRANSFER TO:

RECIPIENT'S NAME:

NUMBER OF HOURS TO BE DONATED:

☐ (check here only if donating restored annual leave)

In the event that the recipient does not use all the leave donated to him/her, I understand that any applicable excess leave will be returned to me on a prorated basis. I elect to have any excess leave returned to my annual leave account as follows:

☐ current leave year account

OR

☐ next leave year account

DONOR:

PRIVACY ACT STATEMENT: in the U.S. Code, Title 5, Section 301, Title 42, Section 2473, and Title 44, Section 3101, authorizes collection of this information. Privacy information requested is collected and maintained in pursuant to the NASA System of Records published as "NASA 10SPER." Providing privacy information is a voluntary action although failure to do so may inhibit a prospective leave donor's ability to donate leave to you. The intended official uses of this information are: to assist the Office of Human Resources to verify your eligibility to be a leave recipient; to assist the Financial Management Division in establishing a special leave account for you; to inform your supervisor that you are an eligible leave recipient; and to make your name and medical emergency available to prospective leave donors. Additional routine uses of leave transfer information, uses which are standard for many NASA systems of records, are cited in full text in the "10SPER" System of Records notice.

SIGNATURE

DATE

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

APPROVED:

Grade: _____

Annual Leave Balance: _____

As of: _____

Office of Human Resources

DATE

INSTRUCTIONS: SUBMIT COMPLETED FORM TO CODE 114